

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 70
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HOMRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BURNS, MARY, , DR.,

Mailing Address 21 FERRY LANDING LANE
#1212

City ATLANTA State GA Zip Code 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2019

Transaction ID : **A23C74212F62147CA8A1**

Amount of Each Receipt this Period
2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JACKSON, RICHARD, , MR.,

Mailing Address 2655 NORTHWINDS PARKWAY

City ALPHARETTA State GA Zip Code 30009-2280

FEC ID number of contributing federal political committee. **C**

Name of Employer JACKSON HEALTHCARE Occupation CEO/COB

Receipt For: 2020
 Primary General
 Other (specify) ▼ PRIMARY RUNOFF

Election Cycle-to-Date ▼
8400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2019

Transaction ID : **AFAA59B4007864B849C7**

Amount of Each Receipt this Period
2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JACKSON, RICHARD, , MR.,

Mailing Address 2655 NORTHWINDS PARKWAY

City ALPHARETTA State GA Zip Code 30009-2280

FEC ID number of contributing federal political committee. **C**

Name of Employer JACKSON HEALTHCARE Occupation CEO/COB

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2019

Transaction ID : **AF4ABF729881B4927858**

Amount of Each Receipt this Period
2800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8400.00